CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
MEETING HIGHLIGHTS
June 19 and 20, 2008
Doubletree Hotel
San Francisco Airport
835 Airport Boulevard
Burlingame, CA 94010

CMHPC Members Present

Dale Mueller, RN, Chair-Elect
Walter Shwe, past Chair
Barbara Mitchell
Gail Nickerson
George Fry, Jr.
Shebuah Burke
Jim Bellotti
Joanne Loritz, M.D.
Shama Chaiken, M.D.
Adrienne Cedro-Hament
Lisa Harris (for Lana Fraser)
Jorin Bukosky
Stephanie Thal, MFT
Susan Mandel, PhD
Patrick Henning
Renee Becker
Joseph Mortz
Lin Benjamin, MSW, MHA
Karen Hart
Jonathan Nibbio
Daphne Shaw
Diane Koditek, MFT
Curtis Boewer
Carmen Lee
Jennie Montoya
Beverly Abbott
John Ryan

Staff Present

Ann Arneill-Py, PhD, Executive Officer
Charles Anders
Narkesia Swanigan
Linda Brophy
Tracy Thompson
Karen Hudson
Lisa Williams
Brian Keefer

Thursday June 19, 2008

Welcome and Introductions

Dale Mueller, Chair-Elect, called the meeting to order at 1:05 p.m. Planning Council Members and guests in the audience introduced themselves.

Report from the Department of Mental Health

Sean Tracy, Chief, Strategic Planning and Policy, Office of the Director, Department of Mental Health (DMH), provided a brief overview of the activities of the DMH.

- The DMH is the fourth largest State department, moving from a total budget of $1 billion in the early 1990's to a $6.2 billion budget for 2008-09.
- He noted that 2007 was a year of identification and assessment for the DMH; they looked at where they were and where they were going.
- DMH has realigned itself, with additional responsibility and resources, and are now in the process of moving from reactive growth to proactive growth.

- They are moving towards prevention and away from after care. This is accomplished by a process described as "implementation, innovation and integration."
- Benefits realized from this approach include more efficient claims processing, improved fiscal systems and a collaborative organizational culture.

Questions/Answers

- Joseph Mortz: Is the DMH thinking about having a plan that would identify what the DMH does, its overview, and its procedures for relationships with external factors? Answer: Yes, the DMH recognizes that the 10-year plan needs revision. The DMH will be building a plan, beginning August 1st, to begin the process of discussing guiding principles and objectives for this purpose.
- Beverly Abbott: Are counties getting paid? How far behind is that now? Once concept papers are approved, will they then be implemented? How long does it take to get new concepts approved if you are a low level person in the organization? Answer: There are weekly reports and updates which show that DMH is up to date in payments, although payments still experience delays at times as they route through the system. There has been a frustration with the lengthy process of concept paper approval; however, the benefit is a process that is fully vetted when approved.
- Adrienne Cedro-Hament: Has the need for cultural competency been discussed within DMH? Answer: Yes, especially regarding the county's submitting plans for cultural competency resources and funding. Conversations are ongoing.
- Shama Chaiken: Please identify one program where MHSA dollars have really made a positive difference in the lives of our consumers? Answer: The CSS programs and the full service partnerships have made a big difference with the counties. We have also improved our business relationships with providers, which has helped them defer away from administrative roles and become more active in providing their services.
- Curtis Boewer: Has DMH thought about how to properly fund the smaller counties, who are losing jobs because of a lack of timely payment of claims and other reasons? Answer: Yes. We are working every day on ways to help. One thing we can do from an organizational structure is relieve the administrative burden we require of counties, which is especially cumbersome in smaller counties. DMH is determining what they really need from counties in order to maintain accountability and also keep to the contract, the system that has been agreed to; and also, can we get rid of some things?
- Barbara Mitchell: Has the state made up new requirements that an additional level of documentation is required? Answer: We did have a meeting this morning to look at the requirements and accountabilities; and are we doing them as efficiently as possible? Some of the documentation is a Full Service Partnership requirement. I recommend that you make a specific request, in writing, regarding the levels of documentation required, which will clarify and hopefully lead to better results.
- John Ryan: Can you provide an overall sense of the well-being of the mental health services in California? Answer: Yes. The Integrated Plan Design will tell the story of the various systems in the state. We are constantly in discussion about the overall situation in the state

and the situation on the county level, especially the smaller counties, which is sometimes dramatically different.

- Karen Hart: Regarding client/family involvement opportunities, I see the dismantling of some of the opportunities where historically we have been able to make some valuable contributions. I would hope some value is placed on this opportunity. We go to great lengths to ensure this involvement. Answer: You're right on point. Please understand that part of my job is to investigate when something isn't moving along.
- Jon Nibbio: There are concerns about the EPSDT workgroups have been formed to address their needs. However, we have noticed that these initial groups are not inclusive of family members, consumers or providers. We think that's a real missed opportunity. Answer: How can we fix that? Nibbio: Well, if it's not too late, get some parent and youth involvement in the process. Also, someone from one of the association's representing the non-profits could be asked to become a group member.

Stamp Out Stigma Program

Carmen Lee provided a presentation on the Stamp Out Stigma Program.

- Since 1990 Stamp Out Stigma has done over 1,600 presentations and directly reached over 80,000 people.
- They focus on what is needed in crisis? What is and is not helpful to people in crisis?
- They brought in a professional actor to help them with their public speaking techniques.
- They built a portfolio to help with marketing the program.
- They just merged with "Heart and Soul," another client group.
- Finding panelists was initially difficult; now they have a well-rounded, recovery-oriented group of people.
- Techniques include the use of humor, telling the truth without bashing, creating audience dialogue, saying only what is comfortable, friendship and support, and acknowledgment that it's a team effort and there is a need to work together as a unit.
- Transportation is the biggest problem; now we have a donated Dodge Caravan, which has been a real blessing. We use carpools, ask mental health associations, and other means.
- They no longer need to do marketing, and are respected and sought after.
- They will be speaking at the National Youth Forum in July.
- Some of the impacts over the 18 years: increased self-esteem for panelists; positive media coverage; over 80,000 people served; they now are reaching law enforcement; created a youth SOS team; and employment opportunities for panelists and others.
- The Heart and Soul organization is really viable and doing wonderful things. Stamp Out Stigma joined them last year and it's a good relationship.

Questions/Answers

- Barbara Mitchell: Are you affiliated with the other Stamp Out Stigma organizations? Answer: No. They have our training guide but we are not a part of them, financially or otherwise. Our materials are on the Internet and available to all. We train in Sacramento, Santa Clara and elsewhere.
- Diane Koditek: Have you seen changes in attitudes over the 18 year period, and do people ask you about strategies and what they can do, how they can become a part of your program? Answer: Yes. We are asked about strategies all the time. We have a lawyer who wants to help people get on SSI. Although we don't have that much extra now, but would definitely like to get other people into our system.

Presentation: Anti-Stigma

Karen Hopp, M.D. and Sarah Altman, M.D., MPH, provided an anti-stigma presentation.

- Dr. Hopp began the presentation by describing their objectives:
    - To describe stigma and its effects on individuals, families and communities;
    - To understand selected models in anti-stigma research;
    - To summarize what is known about effective strategies to reduce stigma and discrimination; and
    - To provide information about available resources.
- The word *stigma* originally referred to the mark or brand that was put on Greek slaves to separate them from free men. It is "*a sign of disgrace or discredit which sets a person apart from others."*
- The experience of *stigma* begins with shame, along with blame, secrecy, the role of the "black sheep of the family", a sense of isolation, social exclusion and hopelessness.
- The common themes of *stigma* include stereotyping (the neutral perceptions of difference); prejudice (negative believes about this difference); and discrimination (negative actions taken to "protect" others from the stigmatized person).
- People with mental illness are often considered dangerous, incompetent or lacking in willpower.
- There is public stigma and self stigma; self-stigma is a huge barrier to getting appropriate treatment. Thus, people suffering from a mental illness have to deal both with the consequences of the illness and the stigma. The number one predictor of stigma is having the *label* of mental illness, causing people to avoid treatment (and the label) as well as maintain secrecy in order to "pass."
- Unfortunately, research suggests public stigma has gotten worse over the last few decades.
- Dr. Hopp discussed issues revolving around *social distance* (the relative willingness of one person to participate in relationships of varying degrees of intimacy with a person who has a stigmatized identity).
- Dr. Altman began her portion of the presentation by discussing some strategies for changing people's reactions to stigma; she first acknowledged that the science of stigma is in its infancy and very few controlled trials have been held.

- Social distance does not equate to actual behavior. People know what they should say, but often act differently. Measuring opinions doesn't give insight into why people have these opinions.
- Interventions include: *protest* ("you shouldn't think that way about stigma"), *education*, and *contact* (prolonged interaction with stigmatized individuals). Thus far, there have been limited samples of scientific studies of intervention.
- According to intervention trials thus far, *protest* has no effect on stigma; *education* has some positive effect, which is perhaps greater with school children, and longer interventions are more effective; *contact* has a greater impact on social distance than education alone, although the impact still is very small. Also, *contact* provided some significant change in some attitudes.
- More on *protest*: grassroots efforts directed at the media, in the form of reduced presentation of negative images about mental illness in the media, may reduce some of the impacts of stigma.
- Dr. Altman described some social marketing campaigns designed to reduce stigma. One program, called Like Minds, Like Mine, was a component of a program run by the New Zealand government. TV spots ran 1 week on/three weeks off for eight months, followed by more in-depth 60-second mini-documentaries. Information is available at www.likeminds.govt.nz. One outcome of the program was an improving percentage of people agreeing with the idea that mental illness can happen to anyone; that a person with mental illness can still lead a normal life; and that people are becoming more accepting. The New Zealand program is part of a national plan being implemented from 2007-2013.
- Other helpful websites include www.NAMI.org; www.adscenter.org; www.allmentalhealth.samhsa.gov; www.nostigma.org; www.activemindsoncampus.org; www.openthedoors.com/english; www.stigmaresearch.org; and www.stigmanet.org.
- Dr. Altman noted that social marketing programs must be ongoing; they are ineffective if run for five years and then stopped. The Open the Doors campaign has been very successful and is ongoing.
- A leading investigator in the field is Patrick Corrigan, PsyD, with the Chicago Consortium for Stigma Research.
- Targeted groups for change include popular media (journalists and executives); employers; landlords; criminal justice officials and law enforcement; legislators regarding discriminatory laws; at risk populations; consumers; providers of health care; and mental health professionals.
- In conclusion, *stigma* takes an enormous personal, social, and still unmeasured economic toll. It also suffers from a huge funding differential in mental health and poor integration of consumer services.
- Effective intervention strategies include targeting what you're going to accomplish; consumer involvement is a must; it requires a sustained effort over the long term; and much has already been done, so resources are available.

Questions/Answers

- John Ryan: Why did you research and put this program together? Answer: We were residents at the time. Both of us got APA Fellowships to work in the area of public psychology, and as part of that fellowship we had to give a talk at the Institute of Psychiatric Services. We realized that we got no training on stigma, yet were sitting with people telling us that things weren't going well for them. Stigma reflects patient outcomes about 20 percent of the time; medication only about 10 percent. The fact that we got no training was an important stimulus for us, so we did this to educate ourselves and to help our patients.

- John Ryan: What are your next steps? Answer: We will continue to teach the concepts, although funding is now low. One continuing problem is that when people with mental illness get well, they do not want to tell anyone, for fear of stigma. People need to see people getting better.

- Adrienne Cedro-Hament: We now have money, through the MHSA, to encourage providers to employ consumers. There has been some resistance, some difficulty, on the part of providers to work side by side with consumers. Is there a curriculum to train staff to reduce stigma and change the climate of providers? Answer: I can't answer that directly, but there are many resources out there. In addition, the American Association of Community Psychiatrists has information about integrating people with mental illness into the workplace and tools to facilitate that.

- Joe Mortz: How do we identify stigma among providers without coming off as ignorant or rude? Answer: Our research has shown that psychiatrists treat people with mental illness the same way as the general public does, despite their training. There has to be more of a dialogue; we have to take the time to examine our own thoughts and assumptions.

- Patrick Henning: Looking at the New Zealand study, there was a dip in early 2002. Was there some reason for that? Answer: There were two phases of TV spots to the study and an interim between the two. The dip is the period between the two phases, when there were no TV spots.

- Shama Chaiken: When I studied this I was surprised to discover the lack of information about the differences in stigma based on racial and ethnic groups and age. Answer: Yes, it is huge. The studies are really in their infancy. There are observational studies that attempt to measure these differences. To my knowledge there is no intervention data broken out by those groups. It would be very challenging to put together such a study. In New Zealand they looked at different groups and targeted specific intervention plans for particular groups -- the Maoris for example. It would be entirely reasonable and certainly challenging to do the same thing in California with a dozen different groups or more.

- Shama Chaiken: I work with a particular group, the prison population. People with mental illness get more "points", meaning they are put at a higher security level. Have you seen data that shows that people with mental illness are not as likely or as likely or more likely to be violent than other groups without mental illness, and if so, where does that data come from? Answer: There has been a lot of debate. The data shows that those who are acutely psychotic or acutely manic are more dangerous than the general population. But in general the data shows that all persons with a mental illness, at any point in time are likely to be less violent than the general population and more likely to become victims than the general population. But I have never seen data of someone in a jail setting. It's a hard problem to deal with and the transient population that combines mentally ill with not mentally ill creates additional

problems. I think we should treat those with mental illness somewhere other than the prison system.

- Susan Mandel: I run a large center in Los Angeles. We had a difficult time getting our mental health workers to train and supervise and hire people with mental health illness. We solved that problem, on a temporary basis at least, through money. We offered more money for those with mental health problems. The problem is the same we have with other staff -- everybody hates the paperwork. We currently have 60 people in placement from this program. Answer: We used to have a peer educator on our unit who was really a great asset. But you need the support, so we have a pre-vocational training program that then supervises peer counselors. But there has to be the money and time invested.
- Stacie Hiramoto: There must be other studies about types of discrimination? Answer: Yes, the Corrigan book shows some of these. But we haven't specifically broken down the various social and ethnic groups.

Drs. Hopp and Altman thanked the group for their questions.

Adjournment

Chair Mueller adjourned the group at 4:45.

Friday, June 20, 2008

Welcome and Introductions

Chair-Elect Mueller called the meeting to order at 8:34 a.m. Planning Council Members and guests in the audience introduced themselves.

Committee Action Items

Children and Youth Subcommittee

Karen Hart advised that the following motion carried in the Children and Youth Subcommittee:

- The Children and Youth Subcommittee asks that the CMHPC send a letter to Dr. Mayberg requesting that family members, providers, and other departments, including but not limited to social services, be part of all three EPSDT Performance Improvement Projects (PIP) workgroups.

Motion by Member Hart, seconded by Member Bellotti; the motion carried.

Human Resources Committee

Susan Mandel, PhD advised that following motion carried in the Human Resources Committee:

- The Human Resources Committee carried a motion that the block grant focus on a survey of national and statewide strategies to increase workforce diversity that would include convening a series of regional roundtables and workgroups that would review findings and provide input.

Motion by Member Mandel, seconded by Member Fry; after discussion, the motion carried.

Approval of the Minutes of the June 2008 Meeting

Member Mandel requested that the section regarding approval of the Five-Year Plan include the caveat that they worked very hard over many years to develop the Five-Year Plan; to develop the goals for the Five-Year Plan. We got the best we could. Everybody compromised, but it is not exactly what the Planning Council would have wanted if only the Planning Council was involved. This is an important clarification because a lot of people identify the Five-Year Plan as being from the Planning Council exclusively; the reality is the outcomes do not always reflect the wishes of the Committee.

Upon motion by Member Cedro-Hament, seconded by Member Bukosky, the agenda was approved with the changes presented above.

Approval of the Executive Committee Report

There were two action items:

- A letter from the Older Adult Committee to the county mental health directors regarding the Area Agencies on Aging (AAA), urging the directors, if they have not already done so, to

encourage their local agencies to participate in all of their MHSA planning. The draft letter has been revised and approved by the Committee.

- The CMHPC theme work plan on vital signs was approved by the Committee. The section on suicide and suicide prevention was stricken.

Upon motion by Member Hart, seconded by Member Fry, the Executive Committee Report action items were approved.

Report from the California Association of Local Mental Health Boards and Commissions (CALMHB/C)

Dale Parent, President, reported on the following activities of the CALMHB/C:

- The CALMHB/C website will be up in one week (end of June). The URL is www.calmhb.org.
- A two-day conference is being scheduled for May 2009 in Sacramento.
- In April a documentary - The Shaken Tree - showing what a family endures when a family member has a mental illness, debuted. It is well worth seeing.
- CALMHB/C financing remains sound. Since being at a Board meeting in person is the best way to see what CALMHB/C does, they will begin inviting prospective members to the monthly CALMHB/C Board meetings, at CALMHB/C expense.

Report from the California Mental Health Directors Association (CMHDA)

Patricia Ryan, MPA, Executive Director CMHDA, reported on the following:

- State budget - no community mental health program items are in conference committee, which means that the Assembly and Senate took identical actions on all of their items. The Legislature rejected the five percent reduction in statewide maximum allowances for Medi-Cal rates; rejected the ten percent reduction to county's Medi-Cal consolidation allocation; and rejected the proposal to require the state to do additional six month reauthorizations for day treatment.
- They did adopt an alternative -- to do a Performance Improvement Project statewide. Counties are currently required to do PIP's and doing them statewide is a win/win situation. They are working with the Department of Mental Health (DMH) and other stakeholders, including providers, on that project.
- A letter was recently sent to Dr. Mayberg, requesting that the Medi-Cal contract terms be renegotiated.
- They have been looking at how to streamline the new MHSA and other funding sources so that they work better with current, eroding resources; i.e. in a more integrated way. This will hopefully lead to better communication with the public on how the funding is working.
- Counties have been applying for housing funds available in MHSA.

- The newly-formed Social Justice Advisory Committee will hold a summit next Monday (June 23). The summit will help identify disparities; i.e., the areas that we should be working on to achieve social justice. Committee members and issues will be identified at the summit.

Questions/Answers

- John Ryan asked about the CMHDA's perspective on the overall well-being of the mental health system. Answer: Realignment and Medi-Cal revenues are flat; i.e. not keeping pace with growth in need of services. Some counties are providing additional revenue for perceived critical programs. In terms of MHSA, the problem is how the rules have been promulgated from DMH regarding the rules for receiving funding. They are working on getting the state to allow counties to acquire MHSA funding to keep local contractors funded while the system transitions under the new MHSA rules.

- Mandel asked about the status of sales tax funding and vehicle license fees and how that information can be communicated to the system. Answer: Ryan stated that both sales tax funding and vehicle license fees are down and it is projected that the realignment base will not be met this year. Ryan will work on getting the projection information disseminated.

Report from the Mental Health Services Oversight and Accountability Commission (MHSOAC)

Patrick Henning, Commissioner, MHSOAC, began his report by stating that, from the MHSOAC's perspective, the well-being of the overall mental health system is not good, but it is getting better.

Other comments:

- The OAC is looking at how best to integrate the Prop. 63 funding, as are many other groups. Perhaps everyone would have been better served by having an integration plan initially. The OAC is also doing additional outreach to hire consumers of mental health services.

- How do we deal with the increasing urbanization of major cities in a time of decreasing budgets?

- The issue of budget deficits and borrowing from the Prop. 63 funds is huge, as everyone in the Legislature is looking for more money. At this time, the Prop. 63 monies are not safe. It is important that the word go out of the importance of ensuring that these funds are not moved elsewhere just as they are beginning to be used for the well-being of the mental health system.

Questions/Answers

- Cedro-Hament asked what is going on in the MHSOAC regarding cultural competency. Answer: Henning responded that there is a technical working group focusing on cultural competency and it is a key element in their process.

- Cedro-Hament asked how mental health directors are involving the Ethnic Services Managers (ESM) in local planning for the MHSA plans. Cedro-Hament commented that the CMHDA approved the framework for the ESM responsibilities and asked how the directors are using this document. Cedro-Hament requested that the ESM group be represented at the CMHPC's Cultural Competency Committee. Answer: Ryan commented that she would confer with Alfredo Aguirre regarding this representation

- Henning stated that there is a distinct need for change regarding the stigma and employment barriers that are faced daily by the mentally ill population.
- Mitchell suggested that the MHSOAC may want to look at ways to use MHSA funds to duplicate the mental health services that people need beyond Medi-Cal; i.e., to fill in private insurance. Getting people employed has not been their major issue; the major issue is the long-term support needed by the mental health population that cannot be duplicated in the private sector. Answer: Henning responded that he liked this idea, and welcomed all other ideas that help to move the mental health population towards being a full participant in the public.
- Ryan suggested that the homeless mentally ill be tracked to determine whether things are getting better or worse for that population as a result of Prop. 63. Answer: Henning echoed his concern and stated he is hopeful that the MHSOAC can become an asset in finding appropriate housing for that population.
- Mandel suggested that the CMHPC needs to go on record about some of their successes so people will begin to understand the importance of utilizing the Prop. 63 funding for its original purpose; Henning seconded the comment.

Public Comment

- Stacie Hiramoto, REMHDCO, thanked the Planning Committee for the opportunity to present to them.

  Hiramoto is now President of the National Association of Social Workers, which is holding an event in September in conjunction with the Policy Forum. The event will include an informational briefing on the MHSA.
- Dr. Perry Turner commented on the needed transformation of mental health services -- it is not a bandage that is required, it is surgery.

  The Appellate Courts reference the Brown Act. At the local level, because of the Brown Act, they cannot discuss anything of importance outside of their monthly board meetings, which are about two hours in length. One advantage of the regional arrangement is that they are free of that -- they can talk as much as they want and need to.
- Sheree Kruckenberg provided updates on Acute Psychiatric Inpatient Bed Closures/Downsizing in California for 1995-2006. She noted that hospitals in economic distress often close services in their psychiatric hospitals, as they are often loss leaders.

  In California, 48 counties currently have no chemical dependency beds; 46 counties have no child and adolescent patient care beds; and 36 counties have no adult psychiatric beds. Individuals are being transported very far to receive crisis in-patient care.

Integrated Mental Health and Substance Abuse Services: Co-occurring Joint Action Council (COJAC)

Dave Nielsen, Deputy Director, Program Services Division, Department of Alcohol and Drug Programs (ADP) discussed the purpose of COJAC -- the attempt to work at the state and county level on the development of coordinated, collaborated and possibly integrated mental health care

and substance abuse issues in order to encourage a system of care that is more conducive to the needs of professionals and their clients. Things they are working on include:

- Using MHSA funding, COJAC is developing a simple screening tool to use throughout the communities to assist mental health professionals in making decisions about what a consumer/client/patient might need. The tool consists of nine questions; it will be released hopefully in the near future. They plan to study the tool for two years and screen 1,500 people through this screening process.
- There is an ongoing discussion about *how* mental health providers and professionals know they are doing co-occurring services. Sometimes these services are limited; sometimes only a portion of the population is served or the level of service is not really there. Two sets of tools help to evaluate services. One tool, the Dual Diagnosis Capability in Addiction Treatment (DDCAT), has proven beneficial in 20 states thus far.

Questions/Answers

- Adrienne Cedro-Hament: Is this going to be a cross-training on how to use these and other tools? Answer: Yes, although it's really tough right now to get money for training.
- Shama Chaiken: There is no standardized training in the prison system for substance abuse prevention targeted for individuals with mental illness. We have requested, but have not yet received funding for training. Do you have suggestions about who to contact and how to get funding for training? Answer: I don't have any specifics. I know that the use of evidence-based practices is linked to your working group.
- John Ryan: We just used the UCLA Integrated Substance Abuse Program. They are really cutting-edge and doing an outstanding job. We are trying to incorporate that into the curriculum of all the graduate schools in the state of California. Answer: Yes, I can get you their website.
- Mortz commented that a majority of the people with mental health issues are self-medicating, which leads to a long array of health needs. And one team, one plan, one person needs one service.
- Lin Benjamin: Regarding the proposed screening tool -- how will it be validated? Will there be a control group of older adults and seniors? Answer: Unfortunately, I don't have the deliverables in front of me. I'll go back and look at it and I assure you there will be a control group of older adults and seniors.
- Diane Koditek: Is COJAC endorsing or recommending that counties have some opportunity for ongoing skills building so that integrated services become a reality, as part of COJAC's recommendations to the directors? Answer: Everyone in COJAC is an enthusiastic endorser of improved services. But the directors are concerned about moving forward too fast for fear of counties responding as if COJAC is adding additional requirements on them in a time of decreased budgets.

Youth Perspective: Integrated Mental Health and Substance Abuse Services (Matt Lord)

Matt Lord began by discussing his personal drug abuse and treatment history. Members expressed their thanks to him in various ways for coming to the meeting and telling his story.

Questions/Answers

- Renee Becker: Can you tell us what would have been helpful in your high school education or what could be helpful for other students today? We hear a lot of testimony about kids using and hiding their depression and etc. What can educators do to provide more services, to reach out to those kids in high school who need help? Answer: I think there should be more focus on general health for high school students, to prevent things from happening. For example, a discussion about don't take things personally, or auditorium talks about depression. I was never approached for an intervention by someone who suggested that I needed help not because I was doing something wrong but maybe because I had a biological issue or because we want to make sure things don't get worse. There should be more study programs and more bonding of people who don't know each other.
- Joe Mortz: Will you spread the word that there are vacancies for consumer positions on this Council? Also, there is a program called Challenge Day for schools. If you know about it please comment on it or if not please look it up. Answer: I'll definitely look it up. I appreciate all your words. Maybe you could send me an e-mail, my address is drink8cupsofwateraday@yahoo.com.

Matt Lord: With regards to the first contact, what's important is that the information gets out there -- exposing the disorder or however you look at it. I think it needs to be more in-depth. For example, "*to this point it appears that you have this diagnosis, from what we've learned. This is not necessarily what you have, but I want to know, do you have any stigma attached to hearing this diagnosis?"* Talk about stigma right off the bat.

Then say "*we'd like to put you on medication. Do you have any stigma on medication*?" I explain medication as helping someone communicate their thoughts and better understand their emotions. "*Besides your medicine there's a holistic value to things. You're going to have to -- exercise will help, diet will help, finding peers will help, humor will help."* Talk about sports or physical activity. Pretty much, put out all the information that you know. It might not be received right away.

I think we need a prevention and early intervention model website, kind of like a Myspace page. You know, a Myspace page that says *"I wear black converse and I have schizophrenia and this is how I look at it. I like Def Leppard. I like basketball. Here's three ways you can meditate. I think running's great. Here's a good diet for cheap."* Just have that holistic and the whole medical -- everything in there. Talk about therapy -- what you can expect when you go into it.

Talking about doctors. You're the driver of your brain and your brain is the engine and your doctor is kind of like the mechanic and you guys need to work together. Try and connect to peers. I just think that the ability to grab on and have that connection to so many people would help so much.

New Business

- The October meeting will be in Folsom. A tour of Folsom Prison will be arranged and invitations will be solicited in September.
- Abbott: Can we consider a presentation to acquire more in-depth information about hospital bed availability? Sheree Kruckenberg: I think you would benefit from having some hospital personnel here to talk about the challenges associated with hospital bed availability. Becker: Can we include how to be helpful to family members and parents of children?

- Hart: Can we look at the children/adolescent situation, which ties in with our committee discussions on the continuum of care for children?
- Mitchell: There is an issue of why we are not developing more crises residential and transitional residential treatment programs? There is a huge amount of evidence that they are effective. Also, there is a model in San Francisco that includes a detox facility.
- Ryan: The oversight issue and a sense of "what's going on out there" are sorely needed. I would like us to create, perhaps after the October presentation, a clear sense of What is the status of the mental health system in California and how do we communicate that to the rest of California?
- Mortz: In my opinion the DMH lacks an overview or structure that can be used as a measure for oversight. Businesses have business plans and overviews. I would like us to advocate for the DMH to have an accountable structure and mission that is documented, that we can refer to, and provide oversight for.
- Abbott: We have referenced the integrated plan that is being formulated by the DMH, so I think there is a willingness to look at the system as a whole. However, since realignment, people have struggled with this issue. As a Planning Council we need to be very active as to what's important to us and what the critical indicators are. Perhaps each time we have a presentation we should come back to "what does that tell us" and "what does that mean" and allow enough time on our agenda to determine that, and how does it link to our oversight function? I would welcome people's ideas on how best to determine what we actually do.
- Mortz: Is there a consensus that the integrated plan should be a system-wide effort?
- Fry: There are about 300,000 returning veterans from Afghanistan and Iraq. Many are homeless; many suffer from PTSD and other disorders. I'd like us to consider how best to help them.

Adjournment

Chair Mueller adjourned the meeting at 12:18 p.m.